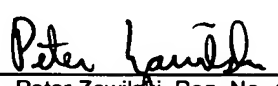
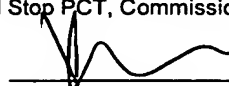


| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |           |  |         | ATTORNEY'S DOCKET NO.<br><b>GB04 0052 US1</b><br>U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.51)<br><b>10/591194</b>  |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
|---|-----------|--|---------|---|---------|---------|------|--|--------------|-----------|---|--------|------|--------------------|---------|---|---------|------|--------------------------------|--|--|--|--|---|--|
| INTERNATIONAL APPLICATION NO.<br><b>PCT/IB2005/050653</b>   |           | INTERNATIONAL FILING DATE<br><b>02/23/2005</b> |         | PRIORITY DATE CLAIMED<br><b>03/03/2004</b>  |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| TITLE OF INVENTION<br><p style="text-align: center;"><b>TRENCH FIELD EFFECT TRANSISTOR AND METHOD OF MAKING IT</b></p>  |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| APPLICANT(S) FOR DO/EO/US<br><b>PEAKE, STEVEN T.</b>  |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| Applicant(s) herewith submit to the United States Designated/Elected Office (DO/EO/US) the following: <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <div style="margin-left: 20px;"> <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br/> <input checked="" type="checkbox"/> has been transmitted by the International Bureau.           </div> </li> <li>3. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <div style="margin-left: 20px;"> <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br/> <input checked="" type="checkbox"/> have not been made and will not be made.           </div> </li> <li>4. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> </ol> |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| The following document(s) or information are included: <ol style="list-style-type: none"> <li>5. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98</li> <li>6. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included</li> <li>7. <input checked="" type="checkbox"/> A preliminary amendment</li> <li>8. <input checked="" type="checkbox"/> Power of Attorney to Prosecute Application before the USPTO</li> <li>9. <input checked="" type="checkbox"/> Statement under 37 CFR §3.73(b)</li> <li>10. <input checked="" type="checkbox"/> Authorization Pursuant to 37 CFR § 1.136(a)(3) and to Charge Deposit Account <u>14-1270</u></li> <li>11. <input checked="" type="checkbox"/> Receipt Confirmation Postcard</li> </ol>   |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| The following fees have been submitted:   |           |  |         | <b>CALCULATIONS     PTO USE ONLY</b>  |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| 12. <input checked="" type="checkbox"/> Basic national fee ..... \$ 300<br>13. <input checked="" type="checkbox"/> Examination fee (Int'l prelim. exam. report NOT prepared by USPTO)..... \$ 200<br>14. <input checked="" type="checkbox"/> Search Fee (Int'l Search Report prepared and provided to the Office.)..... \$ 400<br><p style="text-align: right;"><b>TOTAL OF 13, 14 and 15 =</b></p>   |           |  |         | <div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right; margin-bottom: 5px;"><b>\$ 900</b></div> </div>   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLAIMS</th> <th style="text-align: center;"># FILED</th> <th style="text-align: center;"># EXTRA</th> <th style="text-align: center;">RATE</th> <th style="text-align: center;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td style="text-align: center;">11 - 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$50</td> <td style="text-align: center;">\$ 0</td> </tr> <tr> <td>Independent claims</td> <td style="text-align: center;">1 - 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$200</td> <td style="text-align: center;">\$ 0</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>TOTAL FEES FOR CLAIMS =</b></td> </tr> </tbody> </table>   |           |  |         | CLAIMS  | # FILED | # EXTRA | RATE |  | Total claims | 11 - 20 = | 0 | X \$50 | \$ 0 | Independent claims | 1 - 3 = | 0 | X \$200 | \$ 0 | <b>TOTAL FEES FOR CLAIMS =</b> |  |  |  |  | <div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right; margin-bottom: 5px;"><b>\$ 0</b></div> </div> |  |
| CLAIMS  | # FILED   | # EXTRA  | RATE    |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| Total claims  | 11 - 20 = | 0  | X \$50  | \$ 0  |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| Independent claims  | 1 - 3 =   | 0  | X \$200 | \$ 0  |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| <b>TOTAL FEES FOR CLAIMS =</b>  |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)) accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). <b>\$40.00</b> per property +   |           |  |         | <div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right; margin-bottom: 5px;"><b>\$ 40</b></div> </div>  |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| <b>TOTAL FEES ENCLOSED =</b>  |           |  |         | <div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right; margin-bottom: 5px;"><b>\$ 940</b></div> </div>   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the above fees, as well as any additional fee which may be required, with the exception of the Base Issue Fee, or credit any overpayment to our <b>Deposit Account No. 14-1270</b> .  |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| <b>SEND ALL CORRESPONDENCE TO:</b><br><b>PHILIPS ELECTRONICS NORTH AMERICA CORPORATION</b><br>Intellectual Property & Standards<br>1109 McKay Drive, M/S41-SJ<br>San Jose, California 95131   |           |  |         | <div style="border: 1px solid black; padding: 5px; text-align: center;">         USPTO CUSTOMER NO.<br/> <b>24738</b> </div> <div style="text-align: center; margin-top: 10px;"> <br/>         Peter Zawilski, Reg. No. 43,305<br/>         Tel.: (408) 474-9063       </div> |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| <b>CERTIFICATE OF EXPRESS MAILING</b>   |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 is addressed to "Mail Stop PCT, Commissioner for Patents, PO Box 1450, Arlington, VA 22313," on the date indicated below.  |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">           (Date) <u>8/30/06</u> </div> <div style="text-align: center;">           (Signature) <br/>           (Name) Vilimaina Naga         </div> </div>  |           |  |         |   |         |         |      |  |              |           |   |        |      |                    |         |   |         |      |                                |  |  |  |  |   |  |